

PTO/SB/81 (09-03)
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INDICATION FORM**

Application Number	10/692,564
Filing Date	10/24/2003
First Named Inventor	Jim B. Surjaatmadja
Title	Orbital Downhole Separator
Art Unit	3672
Examiner Name	unknown
Attorney Docket Number	HES 2002-IP-008025U1

I hereby appoint:

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☒ Practitioner(s) named below:

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see attached	

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	John W. Wustenberg
Signature	
Date	29 APR 04
Telephone	580.251.3782

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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PTO/SB/02C (3-97)

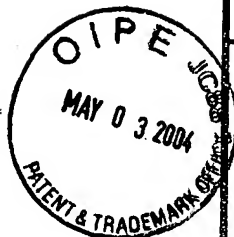
Approved for use through 9/30/98. OMB 0251-0032

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DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)



Name	Registration Number	Name	Registration Number
Halliburton Energy Services, Inc. Practitioners		McAfee & Taft Practitioners	
William E. Shull	29,438	C. Clark Dougherty, Jr.	24,208
William M. Imwalle	35,904	Clifford C. Dougherty, III	31,607
Robert A. Kent	28,626	Neal R. Kennedy	31,383
Craig W. Roddy	36,256	Anthony L. Rahhal	37,562
John W. Wustenberg	35,415	William D. Hall	35,535

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Declaration — Registered Practitioner Information (Supplemental Sheet) (PTO/SB/02C)(1-1.4)



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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

25

Application Number	10/692,564
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First Named Inventor	Jim B. Surjaatmadja
Art Unit	3672
Examiner Name	unknown
Attorney Docket Number	HES 2002-IP-008025U1

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John W. Wustenberg
Signature	<i>John W. Wustenberg</i>
Date	29 APR 04

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Sheila Gibbs		
Signature	<i>Sheila Gibbs</i>	Date	4-30-04

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